

**ROCKINGHAM COUNTY  
SPECIAL USE PERMIT APPLICATION**

**CHECKLIST:** Before this application can be accepted for processing, the following must be done

- ☐ A. Complete the application in full and sign. (If not landowner, the landowner must also sign).
- ☐ B. Enclose sketch as required in application. The sketch must be to scale and no larger than 8-1/2" x 11"
- ☐ C. Please contact the Zoning Administrator (546-3030) for appointment to review the completed application.  
If application is not complete, it will not be accepted.

**FOR OFFICE USE ONLY**

FEE: \_\_\_\_\_

DEADLINE DATE: \_\_\_\_\_

RECEIPT # \_\_\_\_\_

HEARING DATE: \_\_\_\_\_

DATE REC \_\_\_\_\_

TAXES PAID \_\_\_\_\_

SUP # \_\_\_\_\_

APPLICANT: \_\_\_\_\_

Indicate ☐ owner ☐ purchaser ☐ other

ADDRESS: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

\_\_\_\_\_  
City/Town State Zip Contact Person

USE APPLIED FOR: \_\_\_\_\_

LOCATION: (N S E W) side of (Road Name) \_\_\_\_\_, Route # \_\_\_\_\_ approximately \_\_\_\_\_ miles/feet  
(N S E W) of (Road Name) \_\_\_\_\_ Route # \_\_\_\_\_ in \_\_\_\_\_ Magisterial District,  
Election District # \_\_\_\_\_.

ACREAGE IN PARCEL: \_\_\_\_\_ ZONING: \_\_\_\_\_ TAX MAP NO: \_\_\_\_\_

ACREAGE IN REQUEST: \_\_\_\_\_

SIZE AND HEIGHT OF EXISTING OR PROPOSED BUILDING: \_\_\_\_\_

**FURNISH ON 8 1/2" X 11 PAPER, ONE (1) COPY OF A DRAWING SHOWING:**

- ☐ (1) Size and shape of parcel of land where use or building is to be located.
- ☐ (2) Location of use of proposed and/or existing buildings---distance from public highways, from adjoining property.
- ☐ (3) Size and shape of proposed and/or existing buildings.
- ☐ (4) Access to and from property.
- ☐ (5) Relation to street and highway intersections.
- ☐ (6) Any planned screening or landscaping.
- ☐ (7) Number and location of off-street parking spaces.
- ☐ (8) Specify proposed use of area (if not contained in building).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Landowner's Signature  
(if different from applicant)

## SPECIAL USE PERMIT APPLICATION (Continued)

**NAMES AND COMPLETE MAILING ADDRESSES (INCLUDING HOUSE #, STREET NAME & CITY/TOWN) OF ALL ADJACENT LANDOWNERS, INCLUDING LANDOWNERS ACROSS ANY ROAD.** (May use back if necessary.) **Names of owners may be found in Real Estate and Land Use Office located in the Rockingham County Administration Center. Complete mailing addresses are listed in Land Use books in front of the Treasurers office (located next to the Land Use Office).**

**REMEMBER: SHOULD THE PROPERTY IN REQUEST BE ADJACENT TO THE CITY OF HARRISONBURG OR ANOTHER COUNTY, IT IS YOUR RESPONSIBILITY TO SUPPLY THIS OFFICE WITH THOSE NAMES AND CURRENT ADDRESSES WITHIN THE CITY OR COUNTY.**

NAME

ADDRESS

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

AS APPLICANT FOR THIS SPECIAL USE PERMIT, I \_\_\_\_\_  
Applicant

hereby acknowledge that I have faithfully and correctly provided names and complete mailing addresses of all my adjoining property owners and those directly across the street or road. I understand that failure to do so will leave me liable for additional costs for readvertising and that my request could be delayed until proper notification has been given to all adjoining property owners and those property owners directly across that street or road.

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Signature of Applicant

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Date

**SPECIAL USE PERMIT APPLICATION (Continued)**

**VDOT AND THE HEALTH DEPARTMENT MUST ENTER THEIR COMMENTS BELOW BEFORE SUBMITTING APPLICATION TO THE COMMUNITY DEVELOPMENT OFFICE. THE BUILDING OFFICIAL IS IN COMMUNITY DEVELOPMENT DEPARTMENT, AND WE CAN OBTAIN HIS SIGNATURE.**

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Virginia Department of Transportation (requires a minimum of 5 working days)    434-2586  
3536 N. Valley Pike  
Harrisonburg, VA 22802

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\_\_\_\_\_

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VA Dept. of Transportation

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Rockingham County Health Department      Office Hours (M – F)      574-5200  
110 North Mason Street      8:00-9:00 a.m.  
Harrisonburg, VA 22802      4:00-4:30 p.m.

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Rockingham County Health Dept.

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Rockingham County Building Official      Office Hours (M – F)      564-3040  
Administration Center      8:00-9:00 a.m.  
20 East Gay Street      4:00-4:30 p.m.  
Harrisonburg, VA 22802

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Rockingham County Building Official